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C mplete if Known Substitute for form 1449/PTO **Application Number** Filing Date INFORMATION DISCLOSURE First Named Inventor Kienholz, David A. STATEMENT BY APPLICANT Art Unit (Use as many sheets as necessary) **Examiner Name** Sheet 1 of 1 Attorney Docket Number

U. S. PATENT DOCUMENTS								
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (f known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			
Ma	US- 10/078,320	^{US-} 10/078,320 App.	App.	Kienholz, David A.	IDS of Parent App.			
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